

**COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES**  
**REQUEST FOR PROPERTY / CONTENTS INSURANCE TERMINATION**

STATE AGENCY / DIVISION

PROPERTY ID #

CERTIFICATE #

DATE OF REQUEST

APPRAISAL eMARS #

**1. GENERAL INFORMATION**

BUILDING / STRUCTURE NAME

YEAR BUILT/ACQUIRED

STREET / ROAD

CITY

COUNTY

ZIP

SPRINKLER SYSTEM ?

YES

NO

LEASED ?

YES

NO

**2. REASON TO REMOVE FROM INSURANCE COVERAGE**

BUILDING RAZED / DEMOLISHED \*\* (date)

TUNNEL ?

YES

NO

PURCHASED BY ANOTHER STATE AGENCY / DIVISION (list)

New Contact Person / Agency / Division

SOLD TO COUNTY, CITY or PRIVATE OWNER (no longer under State Government control)

LIST

NO INSURED VALUE (NIV) DETERMINED BY STATE RISK (agency approved) Please submit a photo.

(This TERMINATION may result in continued minimal depreciated coverage to fund cleanup costs at time of a future loss)

**3. AGENCY CONTACT INFORMATION (Per the originator of this Termination Request)**

CONTACT APPROVAL

PHONE NUMBER

EMAIL ADDRESS

COMMENTS

Note: This termination request will not become effective until documented date of receipt by State Risk.

**\*\* 4. DEMOLITION CERTIFICATION**

- By submitting this form you certify this structure is no longer a Commonwealth of Kentucky asset and has been completely demolished/removed and is no longer physically standing.
- Attach the Finance Demolition Order obtained through the Division of Real Properties.

**\* eMail -or- Mail your Completed Form \***

**Division of State Risk & Insurance Services**  
 500 Mero St., 1st Floor  
 Frankfort, Ky 40601  
 (502) 564-6055